

NOV 15 1937

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

791

1003

36430

Do not use this space.

## 1. PLACE OF DEATH

(a) County ..... Registration District No. ....  
 (b) Township ..... Primary Registration District No. ....  
 (c) City St. Louis ..... (d) Street No. BARNES HOSPITAL .....  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Fred Lauber

(a) Residence, No. 1508 Salisbury St. 26  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED  
 HUSBAND OF  
 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 8 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
51 5 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Woodworker  
 9. Industry or business in which work was done, as saw mill, bank, etc. Furniture  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Russia  
 (STATE OR COUNTRY)

FATHER 13. NAME Fred Lauber  
 14. BIRTHPLACE (CITY OR TOWN) Austria  
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Christina Vogt  
 16. BIRTHPLACE (CITY OR TOWN) Russia  
 (STATE OR COUNTRY)

17. INFORMANT Augusta Lauber  
 (ADDRESS) 4324 Lincoln Ave

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE New Bethlehem Cem Oct 30, 1937

19. FUNERAL DIRECTOR Beiderwieden Funeral Home Inc  
 (ADDRESS) 1936 St Louis Ave

20. FILED OCT 27 1937 J. S. Bredeck  
 Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-26-37, 19

22. I HEREBY CERTIFY, That I attended deceased from 7:00-7-, 1937, to 10-26, 1937

I last saw him alive on 10-26, 1937. Death is said to have occurred on the date stated above, at 7:00 P.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach Date of onset 7.19.36

Other contributory causes of importance:

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury....., 19.....  
 Where did injury occur?..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify.....  
 (Signed) C. W. Smith, M. D.  
 (Address) BARNES HOSPITAL

STATEMENT BY LICENSED EMBALMER

I, Thos H. Bidumiedu, Licensed Embalmer No. 506

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

.....L. E. ....

No. .... or by ....., Registered Apprentice No. ....

working under my personal supervision.

Signed

Thos H. Bidumiedu

Licensed Embalmer No.

506

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**